

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 6-13-01.
b. The request was received on 3-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. TWCC 62
 - d. Medical Records
 - e. Example EOBs
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
Response was untimely and consequently cannot be reviewed.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-28-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 7-2-02. The response from the insurance carrier was received in the Division on 7-17-02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-15-02:
"We have submitted claims to the Carrier for date of service 06-13-01 for a Jeanie Massager in the amount of \$250.00 and for an accessory kit for the massager in the amount of \$139.00.... The disputed issue is that the Carrier has paid \$85.00 for the Jeanie Massager stating 'M' no MAR. They paid \$0.00 for the accessory kit stating 'F' fee guidelines MAR reduction.... The expected out come of this issue is that we feel the claims should be paid in full. In accordance with DME Ground Rules Section IX c states invoices should be billed at the provider's usual and customary rate."
2. Respondent: Response was untimely and consequently cannot be reviewed.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 6-13-01.
2. The carrier denied the billed services as reflected on the TWCC 62 as, “M – No MAR”; “F – Fee Guidelines MAR Reduction”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-13-01	E1399 Genie Massager	\$250.00	\$85.00	M	DOP	MFG: Durable Medical Equipment (DME) Ground Rules (IX) (C); TWCC Rule 133.304 (c); HCPCS Descriptor	The Carrier has denied the disputed equipment and supplies as, “M – No MAR”; “F – Fee Guidelines MAR Reduction”.
6-13-01	E1399 Accessory Kit for Massager	\$139.00	\$-0-	F	DOP		The Carrier’s response was untimely and therefore cannot be utilized for review purposes.
							As reflected by the TWCC 62 dated 1-17-02, the carrier has reimbursed the provider \$85.00 of a \$389.00 charge. However, the carrier has failed to support the denials listed on the TWCC 62 as required by TWCC Rule 133.304 (c).
							TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s actions(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.”
							The Carrier has not provided sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, reimbursement is recommended in the amount of \$304.00 . (389.00 billed - \$85.00 already paid = \$304.00.)
Totals		\$389.00	\$85.00				The Requestor is entitled to additional reimbursement in the amount of \$304.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$304.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of February 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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